

|  |  |                        |                  |
|--|--|------------------------|------------------|
| <b>TRANSMITTAL<br/>FORM</b>                              |  | Application Number     | 10/774,706       |
| (to be used for all correspondence after initial filing) |  | Filing Date            | February 9, 2004 |
|  |  | First Named Inventor   | Lester F. Lau    |
|  |  | Art Unit               | 1633             |
|  |  | Examiner Name          | Popa, Ileana     |
| Total Number of Pages in This Submission                 |  | Attorney Docket Number |                  |
|  |  | 05031.0008.NPUS01      |                  |

|   |  |  |  |
|---|--|--|--|
| <b>ENCLOSURES (Check all that apply)</b>  |  |  |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): PTO/SB/08B; 2 NPL references |  |
|   |  | Remarks  |  |

|   |                          |          |        |
|---|--------------------------|----------|--------|
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |                          |          |        |
| Firm Name   | HOWREY LLP               |          |        |
| Signature   | /David W. Clough, Ph.D./ |          |        |
| Printed name                                      | David W. Clough, Ph.D.   |          |        |
| Date  | January 19, 2007         | Reg. No. | 36,107 |

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|   |  |                      |                   |
|---|--|----------------------|-------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Complete If Known    |                   |
| <b>FEET TRANSMITTAL</b><br>for FY 2006  |  | Application Number   | 10/774,706        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27           |  | Filing Date          | February 9, 2004  |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$180.00)</b>  |  | First Named Inventor | Lester F. Lau     |
|   |  | Examiner Name        | Popa, Ileana      |
|   |  | Art Unit             | 1633              |
|   |  | Attorney Docket No.  | 05031.0008.NPUS01 |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 08-3038 Deposit Account Name: Howrey LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |          |                |
|------------------|-------------|--------------|-------------|--------------|------------------|----------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Fee (\$) | Fees Paid (\$) |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100      | _____          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65       | _____          |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80       | _____          |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300      | _____          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0        | _____          |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> | <u>Small Entity</u> |
|---------------------|---------------------|-----------------|-----------------------|---------------------|
|                     | - 20 or HP =        | x               | =                     | Fee (\$)            |

HP = highest number of total claims paid for, if greater than 20

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|----------------------|---------------------|-----------------|-----------------------|----------------------------------|
|                      | - 3 or HP =         | x               | =                     | Fee (\$)                         |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = -0-         | /50 =               | (round up to a whole number)                            | x -0-           | =                    |

**4. OTHER FEE(S)**

Other (e.g., late filing surcharge):

Supplemental Information Disclosure Statement

\$

\$180

**SUBMITTED BY**

|                   |                          |   |                          |
|-------------------|--------------------------|---|--------------------------|
| Signature         | /David W. Clough, Ph.D./ | Registration No. 36,107<br>(Attorney/Agent) | Telephone (312) 595-1408 |
| Name (Print/Type) | David W. Clough, Ph.D.   |   | Date January 19, 2007    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.